The Suicidal Employee: Real Issues, Managing Real Risk and Practical Tips

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2019 EAPA World Conference

LEARNING OBJECTIVES

Participants will be able to:

• Describe the problem and impact of suicide on the work environment.
• Identify warning signs and behaviors that signal a person may be at risk for suicide.
• Discuss ways to respond to an individual who is at risk for suicide.
• Create a strategy to develop an effective suicide prevention plan in your work setting.
WHAT IS SUICIDE?

Attempted Suicides

LOST LIFE!

Devastating for family, friends, co-workers

Affect the health of others and the community

Economic consequences

Fear and inaccurate information

WHAT ARE THE CONSEQUENCES?
Suicide is a large and serious public health issue. In 2017, approximately 47,000 died by suicide. It is the 10th leading cause of death for all ages. More die from suicide than motor vehicle crashes. Certain groups have higher rates.

In the U.S., suicide death rates among men are higher than women in all age groups. Suicides are much higher among men than women in all age groups. Among men, suicide rates peak in the middle age groups (35-44 and 45-54). Among women, suicide rates are highest in the older age groups (75-84 and 85+).

Suicide vs. Homicide:

Men in high skill and high stakes occupations are almost 1.5 times more likely to die by suicide (Business Insider).

People in occupations requiring no education after high school are more at risk for suicide.

Construction industry is at highest risk for suicide.

For women, they were:
- Arts, design, entertainment, sports and media
- Protective service
- Health care support

The occupational groups with the highest rates of suicide for men were:
- Construction and extraction
- Arts, design, entertainment, sports and media
- Installation, maintenance and repair

A sign that a person is suffering deeply and needs treatment

Suicidal thoughts or behaviors are both damaging and dangerous and are considered a psychiatric emergency.

Having suicidal thoughts does not mean you are weak or flawed.
Many more think about or attempt suicide and survive.

**STAGGERING STATISTICS**

- In 2017, 1.4 million adults attempted suicide.
- 2.7 million have had a suicidal plan.
- 9.3 million have had suicidal thoughts.
- 836,000 ER visits due to self-inflicted injury per year.

**WHY ISN’T SUICIDE TALKED ABOUT MORE?**

**MYTH VS. FACT**

- Talking about suicide will lead to and encourage suicide.
- Suicide only affects individuals with a mental health condition.
- Once an individual is suicidal, they will always remain suicidal.
MYTH VS. FACT

Most suicides happen suddenly without warning.
Anyone can learn to help someone who is struggling with thoughts of suicide.
Someone who is suicidal is determined to die.

Framing Suicide Risk

Illness-Wellness Continuum
SUICIDE: A MULTI-FACTORIAL EVENT

- Family history
- Neurobiology
- Financial problems
- Prior suicidal behavior
- Psych co-morbidity
- Substance use
- Severe medical illness
- Access to means
- Life stressors

FRAMING SUICIDE RISK

Think about demographics:

Risk factors: Stressful events or situations that may increase the likelihood of a suicide attempt or death (Not predictive)

Warning signs: The early observable signs that indicate increased risk of suicide for someone in the near-term

Protective factors: Personal and social resources that promote resiliency and reduce the potential of suicide and other high-risk behaviors

DEMOGRAPHICS TO THINK ABOUT

- Age
- Cultural group
- Gender
- Veteran
- Ethnicity
- Occupation
RISK FACTORS: STATIC (UNCHANGING)

- PRIOR SUICIDE ATTEMPT
- HISTORY OF ABUSE, NEGLECT, TRAUMA
- HISTORY OF MENTAL HEALTH ISSUES
- CHRONIC DISEASE AND DISABILITY
- FAMILY HISTORY

RISK FACTORS: ACUTE (MODIFIABLE)/POTENTIAL WARNING SIGNS

- Suicidal statements/expressions
- Feelings of hopelessness, failure
- Current mental health issues
- Mood/behavioral changes
- Minimal/unresponsive to supports
- Increased alcohol or drug use
- Sleep disturbance
- Social isolation

POTENTIAL TRIGGERS

- Recent loss or major life change
- Recent suicide(s) in family/community
- Recent arrest/incarceration
- Financial problems/job loss
- Relationship breakup/rejection
- Acute mental illness
MORE IMMINENT WARNING SIGNS

- Preparatory behaviors
- Mood shift
- Recent major crisis
- Accessing a means to do it

PROTECTIVE FACTORS

- Effective behavioral health
- Connectedness
- Life skills
- Sense of purpose and value
- Beliefs that discourage suicide
- Supports
- Safe environment

PROMOTING A HEALTHY WORKFORCE AND RESPONDING TO SUICIDE RISK
HOW PREPARED IS YOUR COMPANY?

1. Do you have a workplace suicide prevention program?
2. What policies and procedures do you have for an employee at risk or in crisis?
3. Do you have a plan for after a suicide attempt or death?
4. Do you have EAP or mental health contact info visible at your workplace?
5. Do you provide education or training on mental health, suicide prevention?
6. Do you have specialized suicide prevention training for HR, managers, and EAP providers?
7. Do you have a culture of caring?

EFFECTIVE SUICIDE PREVENTION

1. Describe the problem
2. Choose long-term goals
3. Identify key risk and protective factors
4. Select or develop interventions
5. Implement, evaluate and improve

STRATEGIC PLANNING

1. Strategic Planning
2. Keys to Success
3. Suicide Prevention
4. Comprehensive Approach
5. Suicide Prevention Resource Center

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KEYS TO SUCCESS

ENGAGING PEOPLE WITH LIVED EXPERIENCE
PARTNERSHIP AND COLLABORATION
SAFE AND EFFECTIVE MESSAGES AND REPORTING
CULTURALLY COMPETENT APPROACHES
EVIDENCE-BASED PREVENTION

COMPREHENSIVE APPROACH

Foster communication, belonging, connectedness, respect
Identify and assist those at risk for suicide
Determine suicide risk response and return to work
Be prepared to respond to a suicide death (postvention)

3 BASIC INTERVENTION STEPS

1) Show You Care—listen carefully—be genuine
   “I’m concerned about you …”
2) Ask the Question—be direct, caring and non-confrontational
   “Are you thinking about suicide?”
3) Get Help
   “You’re not alone. Let me help you.”
RTW CONSIDERATIONS FOLLOWING SUICIDE RISK-RELATED LEAVE

- Has a doctor cleared the employee?
- FFD evaluation needed?
- Accommodations appropriate?
- Partner with EAP or OCC Health Professional

POSTVENTION IN THE WORKPLACE

Postvention is psychological first aid, crisis intervention and other support offered after a suicide to affected individuals or the workplace as a whole.

SUICIDE AND THE WORKPLACE

- Shock
- Guilt
- Loss of productivity
- employee wellbeing
- Grief
- Broken community
- Silence

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**10 Action Steps for Dealing with the Aftermath of a Suicide**

### Immediate: Acute Phase
1. Coordinate: Contain the crisis.
2. Notify: Protect and respect the privacy rights of the deceased employee and their loved ones.
3. Communicate: Reduce the potential for contagion.
4. Support: Offer practical assistance to family.

### Short-Term: Recovery Phase
5. Link: Identify and link impacted employees to additional support resources and refer those most affected to professional mental health services.
6. Comfort: Support, comfort, and promote healthy grieving of the impacted employees.
7. Restore: Restore equilibrium and optimal functioning in the workplace.
8. Lead: Build and sustain trust and confidence in organizational leadership.

### Long-Term: Reconstructing Phase
10. Sustain: Transition postvention to suicide prevention.

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**Remember…**

- Suicide is preventable
- Understand your work setting and develop a suicide prevention plan
- Know the basic steps to follow if someone is suicidal
- Goal is Zero suicide

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**Questions?**

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